

Client Information

(Includes all trustees for trust accounts and entities for business accounts)

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Relationship Name:

Client 1

Client 2

Full Legal Name:

Preferred Name:

Marital Status:

SSN or TIN:

Date of Birth:

Email Address:

Street Address:

City/State/Zip:

Mailing Address:

City/State/Zip:

Cell Phone:

Home Phone:

Work Phone:

Occupation:

Industry:

Employer:

Work Address:

City/State/Zip:

Annual Income:

Source of Income:

Net Worth:

Country of Citizenship:

Account Types:

Account Information

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Account Information

Account Type: _____
Owner 1: _____
Owner 2: _____
Source of Funds: _____

Additional Features

Transfer on Death: _____
Check Writing: _____
Debit Card: _____
Credit Card: _____
Margin: _____

Account Preferences

Cash Sweep: _____
Dividends & Interest: _____
Statement Delivery: _____
Confirm Delivery: _____
Proxy Authorization: _____

Beneficiary Information (Retirement Accounts or TOD)

Full Name: _____
Primary or Contingent: _____
Percentage (%): _____
Relationship: _____
SSN: _____
DOB: _____

Transfer Information

Delivering Firm: _____
Account Registration: _____
Account Number: _____
Account Type: _____
Full or Partial: _____
Assets (If Partial): _____

Full Name: _____
Primary or Contingent: _____
Percentage (%): _____
Relationship: _____
SSN: _____
DOB: _____

Interested Party

Full Name: _____
Company: _____
Mailing Address: _____
City/State/Zip: _____

Full Name: _____
Primary or Contingent: _____
Percentage (%): _____
Relationship: _____
SSN: _____
DOB: _____

Additional Account Information

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Trust Information

Trust Title: _____
Tax ID Number: _____
Execution Date: _____
Amended Date: _____
State (Location): _____
Revocable or Irrevocable: _____
Grantor/Settlor: _____
Decedent Name (If Will): _____
Trustees*: _____
**Must have all client info for each trustee*
Investment Powers: _____
Limitations/Restrictions: _____

Business Information (Business Accounts)

Entity Name: _____
Entity Type: _____
Business Structure: _____
Tax ID Number: _____
Address: _____
City/State/Zip: _____
Industry: _____
Authorized Agent*: _____
Control Person*: _____
Non-Profit?: _____

**Treated as client - all info needed*

Trusted Contact (All Accounts)

Decedent Information (Beneficiary IRAs)

Name: _____
Date of Birth: _____
Date of Death: _____
Relationship: _____

Full Name: _____
Relationship: _____
Mailing Address: _____
City/State/Zip: _____
Phone Number: _____
Email Address: _____